

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

309

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>115</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth, Mo</u>		<u>1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri-Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Maggie</u>		b. (Middle) <u>Irena</u>		c. (Last) <u>Willson</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>5,</u>		(Year) <u>1951</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 26, 1880</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Worth, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Shannon</u>		13b. MOTHER'S MAIDEN NAME <u>unknown Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Alonza Willson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alonza Willson</u>		ADDRESS <u>Worth, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial Hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Fracture of Skull</u> DUE TO (c) <u></u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>36 hrs</u> <u>28 1/2</u> <u>20</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		113					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WORTH Co., Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 3, 1951</u> <u>p</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head-on Auto collision</u>			
22. I hereby certify that I attended the deceased from <u>2/3/51</u> , 19 <u>51</u> , to <u>2/5/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/5/51</u> , 19 <u>51</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u> M. D.		23b. ADDRESS <u>301 N. 8th, St. Joseph</u>		23c. DATE SIGNED <u>2/5/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/5/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>666</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 6, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St. Joseph, Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>None</u>							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Eugene Wood*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3824

P. O. Address 3145 10th St. Joseph, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.